New Patient Questionnaire – Children Under 16

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| **First name** |  | **Surname** |  | |
| **Date of Birth** |  | **Parent/Guardian Details:** |  | |
| **Ethnic Origin:**  Bangladeshi 🞏 Other ethnic origin 🞏 Black African 🞏 Other mixed origin ethnic 🞏  Black British 🞏 Other white ethnic 🞏 Black Caribbean 🞏 Pakistan 🞏 Chinese 🞏  White British 🞏 Indian 🞏 White Irish 🞏 Other Asian 🞏 White Scottish 🞏 | | | | |
| Is your child on any regular medication, including anything you buy over the counter? **YES 🞏 NO 🞏** If yes please list the medication below:  Does your child have any Allergies? **YES 🞏 NO 🞏** If yes, what are they? –  Does your child have any drug related allergies? **YES** 🞏 **NO** 🞏 If yes, what are they? –  Does your Child have any past medical history including any operations?  **YES** 🞏 **NO** 🞏 If yes, what are they? –  Is there any family history of heart disease/diabetes/hypertension/Cancer If yes, please circle and give details below-  Name of Pharmacy for Prescriptions to be sent………………………………………………. | | | |

**Please complete Page 2**

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| **Childhood Immunisations – Please complete dates if Vaccines Given** | | |
|  | **Vaccine** | **Date Given** |
| **8 Week Old** | DTaP/IPV/Hib/HepB (Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B) |  |
| MenB (Meningococcal group B) |  |
| Rotavirus (Rotavirus gastroenteritis) |  |
| **12 Week Old** | DTaP/IPV/Hib/HepB (Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B) |  |
| PCV (Pneumococcal) |  |
| Rotavirus |  |
| **16 Week Old** | DTaP/IPV/Hib/HepB (Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B) |  |
| MenB (Meningococcal group B) |  |
| **1 Year Old** | Hib and MenC |  |
| PCV booster (Pneumococcal) |  |
| MMR (Measles, mumps and rubella (German measles) |  |
| MenB booster (men B) |  |
| **Every year from age 2 until the end of Secondary School** | Influenza (Nasal Flu Vac) |  |
| **3 years and 4 months old or soon after** | dTaP/IPV (Diphtheria, tetanus, pertussis and polio) |  |
| MMR (Measles, mumps and rubella (German measles) |  |
| **11 to 13 year olds** | HPV (two doses 6-24 months apart) |  |
| **14 years old** | Td/IPV (Tetanus, diphtheria and polio) |  |
| MenACWY (Meningococcal groups A, C, W and Y) |  |
| **Any Other Immunisations including Covid and BCG** |  |  |